



PROOF OF D.C. RESIDENCY FORM



D.C. HealthCare Alliance (Alliance) is ONLY for people who live in Washington, D.C. If you are applying for medical assistance through the D.C. HealthCare Alliance, you must be able to show that you are a D.C. resident.

You can show that you live in D.C. with a valid D.C. driver's license or non-driver's ID card, a lease or rental receipt for a D.C. residence, a utility bill, or a voter registration card showing your name and D.C. address. If you do not have any of those documents, you can also prove that you live in D.C. using this form. Another D.C. resident who knows where you live can verify your residency by filling out Section B, or a local non-profit social services provider can verify your residency in Section C.

Section A: Your Information

Last Name: _____ MI: _____ First Name: _____

Home Address: _____

City, State, Zip: _____

Are you homeless? YES NO

Section B: Individual Verifier's Information This section must be filled out by a D.C. resident who knows where you (the applicant) live. Someone you live with is best, but not required. If you do not know anyone who is willing or able to verify where you live, a local non-profit organization that provides you with services may complete Section C for you. (You do not need to fill in Section C if this section is completed.)

Last Name: _____ MI: _____ First Name: _____

Home Address: _____

City, State, Zip: _____

Email: _____ Telephone Number: _____

How do you know the applicant? _____

The verifier must sign this form and provide **a copy of at least one (1)** of the following documents showing the verifier's name and address:

- 1) Valid D.C. Driver's License or Non-Driver's ID **OR**
- 2) Lease/ rental agreement issued within the last 12 months OR deed/ settlement papers for a residence **OR**
- 3) Utility bill (water, gas, electric, oil, cable, or land line telephone bill) issued within the last 60 days **OR**
- 4) Voter registration card

I understand that the D.C. HealthCare Alliance is ONLY available to people who live in the District.

By signing below, I verify that, to the best of my knowledge, the applicant listed above lives in the District of Columbia.

I know that if I give any false information, I may be breaking the law and may have to pay a fine of up to \$500, or go to prison for up to a year, or both (D.C. Code § 4-218.01). I know that state officials will check this information and I agree to cooperate with their information requests.

Verifier's Signature: _____ Date: _____

Section C: Organizational Verifier's Information This section must be completed by a D.C. non-profit social services provider, such as a homeless shelter, community health center, immigrant services provider, legal clinic, or religious organization that serves you (the applicant). (You do not need to fill in Section B if this section is completed.)

Organization Name: _____

Organization D.C. Tax-Exempt ID: _____

Verifier's Name: _____

Verifier's Title: _____

Telephone Number: _____ E-mail: _____

Organization Address: _____

City, State, Zip: _____

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Verifier's Signature: _____ Date: _____